FOR INSTRUCTIONS, SEE BACK U, FORM

# DISCLOSURE SUMMARY PAGE



**FORM** 

DR-2 DISCLOSURE (Rev. 07/2004) REPORT COMMITTEE NAME (Must be same as on Statement of Organization) For Office Use Only, Comm. # IMPORTANT: Indicate by # type of committee you are reporting for: Logged In 1/10 (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party Scanned (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Computer Subdivision PAC (11) Local Ballot Issue Audited CANDIDATE COMMITTEES ONLY: Candidate Name Political Party (if applicable) Late reports are subject to 1/1/N 3 200 District (if Senate or House) possible civil and criminal Office Sought penalties. 515-243-3244 SIGNATURE OF PERSON FILING REPORT REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. I AM FILING A Indicate by # (report date) Local Committees, enter Date of Election CHECK IF AMENDMENT TO REPORT DATED County & Local Committees, enter County in Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. which Election is held (You must continue to file reports until a DR-3 is filed.) STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ......\$ ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) ........ Schedule F: Loans Received total (Attach Schedule F) Schedule H: Total Sales of Campaign Property (Attach Schedule H) ..... (Schedule H applies to Candidates' Committees Only) SUB-TOTAL .....\$ SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below).... Schedule F: Loan Repayments total (Attach Schedule F)..... **CASH ON HAND** at the end of this reporting period (if final report balance must be zero) (Attach DR-3) .....\$ \*\*UNPAID BILLS (From Schedule D - Attach Schedule D).....\$ \*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) ......\$ \*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)......\$ CANDIDATE COMMITTEES ONLY: YES L CONSULTANT BREAKDOWN (Schedule G Attached?) VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

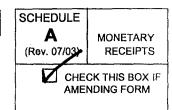
#### See Back of Form

ONS -- MONEY TAKEN IN

ding candidate's personal funds)

TEE NAME (Must be same as on Statement of Organization)

umbers & Steanfilles Local Whion # 33



Reset Form

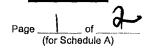
TE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION MBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN ISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

15 04   ck#   Uniterrized Contribution   \$49.00	DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADI CONTRIBUTIONS OF COCAL 33V	press of contributor oure imperablishes which are less than 1250	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
18/04 CK# 11 93.00 [ 19/14 CK# 11 1/ 53.00 [ 19/14 CK# 11 1/ 205.00 [ 19/1	45/04		Uniterrized	contribution		\$ 49.00	
1914   CK#	118104	}	li	(/	-	93.00	
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1/3/04 CK# 1 /2 6/7 [ 205.W [ 1/3/04 CK# 1 1 205.W [ 1/3/04 CK# 1 205.W [ 1	1112104		Vì	Ø		108	
113/04 CK# 1 11 205.00 [ 11/3/04 CK# 1 11 269.00 [ 1/3/1/44 CK# 11 275.00 [	1/13/04	CK#	h	12		67	
1/3/14 CK# 1 1 2/5,00 [	1113/04	CK#	\	· /		205,00	
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1/31/by ck# /\ 10# 275,00 [	1123/04	CK#	(1	l i		269.00	
1   Table   Ta	1/31/04	CK#	1	11		275,w	
213104 CK# / 1 94.00 _ SUB-TOTAL SUB-TOTAL SUB-TOTAL	213104		/ L	/ (		94.00	

TOTAL (if last page of this schedule)

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.



#### For Instructions, See Back of Form

# Reset Form

## **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Plumbers: Steamfilles Local Union #33

SCHEDULE	
(Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

	DAG ID MUMPED	MANE AND ADDRESS OF CONTRIBUTOR		1116	
DATE RECEIVED	PAC ID NUMBER (if applicable)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMOUNT RECEIVED	√ IF FOR FUND-
(MM/DD/YR)	AND PAC CHECK NUMBER		(if applicable)		RAISER INCOME
	ID#				
21004	СК#	uniterized contribution		\$67.00	
	ID#				
}	CK#				
	ID#				F
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	CK#				
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	CK#				

SUB-TOTAL

TOTAL (if last page of this schedule)

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form
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#### **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	
В	MONETARY
(Rev. 07/02)	EXPENDITURES
	CK THIS BOX IF INDING FORM

		same as on Statement of Organization)		
Plum	bes fifter	and Hes Local Un	11 # 33 PA	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1-804	ID# 142 CK# 1180	Citizens for Gronstal 220 Bennett Council Glute IH 5150	33	\$ 250,00
1-8-04	ск#[ 8	I (wa Democratic Par	1	250,00
4-804	ck#1182	Cayle Colling for City 100 March + 4418 Dru DA 50809	popuncil	250.00
5.10.04	ck#  184	POIL Cty Democrats Osin DA 50321		200.00
5.10.04	1100	100/Marcet st # 418 105/1 DA 503109	Council	500.00
5-10-04		Friends for Verschure 4600 4612 pre Rock Bland IZ 61201	,	250.00
	ID# CK#			
	ID# CK#			
			SUB-TOTAL	\$ 1700
			TOTAL (if last page of this schedule)	\$ 1700-

		COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE	Reset For	n		SCLOSURE
COMMITTEE NAME (Must be same as on Statement of Organizat	ion)		(4.64.4	REPORT
Plumble & Steam Hes Local un IMPORTANT: Indicate type of committee you are reporting for:			Logged In SW	
(1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (4)C (5)County PAC (6)Ballot Issue/Franchise Committee (7)County/City Central	al Committee		Computer	i i
CANDIDATE COMMITTEES ONLY:		ام ا	IAETHICS & CAM	
Candidate Name Po	litical Party		DISCLOSURE BO	
Office Sought Dis	strict (if Senate or House)		MAY 1 9 20	004
Thomas Collespie	5752433	2UF	JED HI	
SIGNATURE OF TREASURER (or person filing this report)	TELEPHONE		DATE SIGN	IED
Late filed reports are subject to pe	ossible civil and crir	minal	penalties.	
SEE INSTRUCTIONS ON BACK AND COMPLETE THE FO				
1 AM FILING A	انه ا	CTION	I /(2)NON-ELECTIO	N YEAR.
(report date)	Indicate one			
CHECK IF AMENDMENT TO REPORT DATED		Local C	committees, enter Date	of Election
Check if this is final (termination) report and attach Notice of Dis (You must continue to file reports until a Notice of Dissolution)	Solution i onni bitto.		& Local Committees, e Election is held	nter County in
	CASH ON HAND			
cash on hand at the beginning of the reporting period. (This is by the committee. This amount MUST be the same as the of the last reporting period, or must be zero if this is first re	e cash on hand at the end		s <u>458</u>	6.25
ADD TOTAL MONEY TAKEN IN THIS PERIOD			الدا	300
Schedule A: Cash Contributions total (Attach Schedule A				
Schedule F: Loans Received total (Attach Schedule F)				
Schedule H: Total Sales of Campaign Property (Attach S				
(Schedule H applies to Candidates' Committe	<u>es Omy)</u> SUB-TOT	'AL	\$	
SUBTRACT TOTAL MONEY SPENT THIS PERIOD				20.00
Schedule B: Expenditures total (Attach Schedule B) (**als	so see debts and loans be	low)	1'10	00.00
Schedule F: Loan Repayments total (Attach Schedule F).				
CASH ON HAND at the end of this reporting period (if final report,	balance must		40	19.25
be zero) (Attach DR-3)			\$	
**UNPAID BILLS (From Schedule D - Attach Schedule D)				
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule				
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)		•••••	\$	
CANDIDATE COMMITTEES ONLY:			V50	$\square_{NO}$
CONSULTANT BREAKDOWN (Schedule G Attached?)	abadula LIV		YES •	NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach S	cnedule H)		\$	

#### For Instructions, See Back of Form

COMMITTEE N

## CONTRIBUTION

(Includin

ONS MONEY TAKEN IN g candidate's personal funds)	<b>A</b> (Rev. 07/03)	MONETARY RECEIPTS	
IAME (Must be same as on Statement of Organization)  OF SHOW HHEY LOW Vhion #33		CK THIS BOX IF NDING FORM	

SCHEDULE

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STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADI CONTRIBUTIONS OF LOCAL 33V	press of contributor our from Bully which are less than 1256	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
115104	ID# CK#		Contribution		\$ 49.00	
118104	ID# CK#	u	(,		93.00	
119104	ID# CK#	Ve	1/		53.00	
1112104	ID# CK#	Vi	S		108	
1/13/04	ID# CK#	h	/2		67	
1113104	ID# CK#	· \	()		205.00	
11404	ID# CK#	1	r (		61.00	
1123/04	ID# CK#	((	()		269.00	
1/31/04	ID# CK#	N	<i>(</i>		275,w	
213104	ID# CK#	11	/ (		94.00	
			TOTAL (if last name	SUB-TOTAL	s 1176	

TOTAL (if last page of this schedule)

of (for Schedule A)

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

#### For Instructions, See Back of Form

## **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

Reset Form	<b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
		CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

Plumbers: Steamfitters Local Union # 33

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
	ID#			6	
21004	CK#	unitemized contribution		\$67.00	
	ID#				
	CK#				
	ID#				
<u>.</u>	CK#				
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		<u> </u>	SUB-TOTAL	0/07.00	

TOTAL (if last page of this schedule)

Page \_\_\_\_\_ of \_\_\_\_

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

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# **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (At of he come on Statement of Organization)

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES		
CHECK THIS BOX IF			

h.	bus & step	ima Hes Local Un	in #33 A	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1-8.04	ю# 142 ск#1180	Citizens for Gronstal 220 Bernett Louncel Gluff IA 5150		\$ 250,00
1-804	ID# СК#[[8]	I awa Democratic Par	,	250,00
4-8.04	ID# CK#1182	6ayle Colling for City Dun 22 50309	p6ouncil	250.00
5.10.04	CK# /184	POIK CTY DEMOCRATS Democrats Democrats		200.00
5.10.04	ID# CK# \( 85	Gayle (allers for City 100 Marcet St # 488 105 M BA 503 109	Council	500.00
5.1004	CK# 1183	Friends for Verschure 4600 4612 Ave Rock Bland II. 61201		250.00
	ID# CK#			
	ID# CK#			
<del> </del>	<u> </u>		SUB-TOTAL	\$ 1700
			TOTAL (if last page of this schedule)	\$ 1700

THIS BOX APPLIES TO CANDIDATES' C	COMMITTEES	ONLY:
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Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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